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APPLICANTS

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** CONTINUING DATA *****

Handwritten initials

** FOREIGN APPLICATIONS *****

*Handwritten initials*IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY **
 GRANTED

** 11/21/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance Verified and <i>[Signature]</i> Acknowledged Examiner's Signature Initials <i>[Initials]</i>	STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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TITLE**Ruler for cutting sheet material**

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
RECEIVED	ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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